



Maxwell C. Bailey
Secretary of Transportation

Commonwealth of Kentucky
Transportation Cabinet
Frankfort, Kentucky 40622

Ernie Fletcher
Governor

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Deputy Secretary

VOLUNTARILY SURRENDERED LICENSE AFFIDAVIT

(Surrendered license must accompany this form.)

I hereby voluntarily surrender my driver license to the Kentucky Division of Driver Licensing for the following reason(s):

1. ☐ Insurance Purposes
2. ☐ No longer want to drive
3. ☐ Health Reasons (Explain. Use back of form if additional space is needed.) _____

I understand that:

- a. If I decide to reapply for my driving privilege, I will be required to return to the Circuit Clerk's office to have my license reissued;
- b. If I surrender any class license/permit, I have one year from the date I last held a valid license/permit without being required to test. This includes any period of time in which my commercial driver license/permit was suspended, cancelled or otherwise invalid; and,
- c. If my license/permit has been expired for more than one year, I will be required to successfully complete all or a portion of the driver's examination associated with the class license/permit I wish to obtain.

Name _____ Date of Birth _____

Address _____

Kentucky License Number _____

Class(es) License or Permit Being Surrendered (Check all appropriate classes.) ☐ A ☐ B ☐ C ☐ D ☐ E ☐ M

Endorsements (if applicable) _____ Restrictions - CDL (if applicable) _____

Date _____ Signature _____

Witnessed _____

Title _____